

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 MAY 24 PM 2:25

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

MARY KAY BACALLAO FOR US SENATE

ADDRESS (number and street)

1160 BRANDENBURG WAY



Check if different  
than previously  
reported. (ACC)

FAYETTEVILLE

GA

30215-

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00612630

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

STATE ▼ DISTRICT

GA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

05 ' 24 ' 2016

in the  
State of

GA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

04 ' 16 ' 2016

through

05 ' 04 ' 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Kay Bacallao

Signature of Treasurer

Mary Kay Bacallao

Date

05 ' 18 ' 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Mary Kay Bacallao for U.S. Senate

Report Covering the Period:

From:

04 ' 16 ' 2016

To:

03 ' 04 ' 2016

## COLUMN A

This Period

## COLUMN B

Election Cycle-to-Date

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ...(b) Total Contribution Refunds  
(from Line 20(d)) ..(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) ...

39,000

167,743

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) ..(b) Total Offsets to Operating  
Expenditures (from Line 14)...(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a))...

000

755,605

8. Cash on Hand at Close of  
Reporting Period (from Line 27)...

158,000

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D)...10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D)...

74,586.2

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Mary Kay Bacallao for U.S. Senate

Report Covering the Period:

From:

04' 16' 2016

To:

05' 04' 2016

## **I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

### **11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals .

(b) Political Party Committees...

(c) Other Political Committees (such as PACs) ..

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

22500

16500

39000

39000

96500

71243

167743

167743

### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..**

### **13. LOANS:**

(a) Made or Guaranteed by the Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0

0

745862

### **14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..**

### **15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

### **16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...**

39000

913605

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

0

7556.05

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ..

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees...

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs)...

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

21. OTHER DISBURSEMENTS ..

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

0.00

7556.05

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

1190.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

390.00

25. SUBTOTAL (add Line 23 and Line 24)...

1580.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

1580.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Kay Bacallao for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Kingsley, Kent

Mailing Address

1366 Highway 36E

City

Milner

State

GA

Zip Code

30257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Traditions Realty

Occupation

Realtor/Broker/Owner

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

05 / 03 / 2016

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

225.00

225.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Kay Bacallao for U.S. Senate

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0

201605240200186043

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

\_\_\_\_\_ % (apr)

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

\_\_\_\_\_

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

\_\_\_\_\_

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

\_\_\_\_\_

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

\_\_\_\_\_

**SUBTOTALS** This Period This Page (optional)...

**TOTALS** This Period (last page in this line only) ..

\_\_\_\_\_

\_\_\_\_\_

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201605240200186044

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
<b>LENDING INSTITUTION (LENDER)</b> Full Name		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). <div style="display: flex; justify-content: space-between;"><div>Date account established: <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div></div><div>Location of account: Address: _____ City, State, Zip: _____</div></div>			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Title			

201605240200186045



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Mary Kay Bacallas for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mary Kay Bacallas

Mailing Address

160 Brandenburg Way

City

Fayetteville

State

GA

Zip Code

30215

Outstanding Balance Beginning This Period

745862

Amount Incurred This Period

000

Payment This Period

000

Outstanding Balance at Close of This Period

745862

1) SUBTOTALS This Period This Page (optional) ...

2) TOTALS This Period (last page this line number only) ...

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...

000

745862

745862

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
		From:		To:		
		04' 16' 2016		05' 04' 2016		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	Mary Kay Bacallao for U.S. Senate			390. <sup>00</sup>	0	
B	Column Total Last Page Only. Election Cycle to Date			1677.43		
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	390. <sup>00</sup>	0	0	0
B			1677.43		7458.62	
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	390. <sup>00</sup>	0	0
B				9136.05	7556.05	
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	0	1190. <sup>00</sup>	1580. <sup>00</sup>	0
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	7458.62	390. <sup>00</sup>	0			
B		1677.43	7556.05			

201605240200186047

Mary Kay Bacallao for U.S. Senate  
160 Brandenburg Way  
Fayetteville, GA 30215

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7015 3010 0001 8247 2168

U.S. Senate Office of Public Records

P.O. Box 77578

Washington, DC 20515

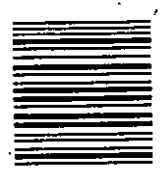
BY THE SENATE

**SCREENED** RETURN RECEIPT  
REQUESTED

2001362578 B900



1000



20013

U.S. POSTAGE  
PAID  
FAYETTEVILLE, GA  
30214  
MAY 18, 198  
AMOUNT  
**\$6.68**  
R2304M113154-25

ML5/24

870981002072509102

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 5/18/16  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

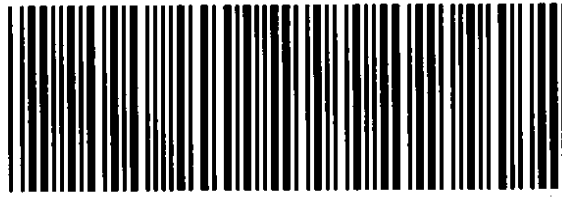
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

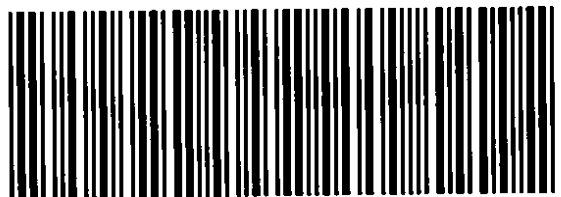
PREPARER MN DATE PREPARED 5/24/16

4/04/16

201605240200186049



SEN PATCH



SEN PATCH

201605240200186050